|                              | son Filing:s<br>s (if not protected):                                                                                                                             |                 |                                                                       |                                |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------|--------------------------------|
|                              | ate, Zip Code:                                                                                                                                                    |                 |                                                                       |                                |
| Telepho                      | one:                                                                                                                                                              |                 |                                                                       | FOR CLERK'S USE ONLY           |
| Email Address: ATLAS Number: |                                                                                                                                                                   |                 |                                                                       | TON OLLINIO OOL ONLT           |
|                              | 's Bar Number:                                                                                                                                                    |                 |                                                                       |                                |
|                              |                                                                                                                                                                   |                 | ney for Petitioner OR R                                               | espondent                      |
|                              |                                                                                                                                                                   |                 |                                                                       |                                |
|                              | S                                                                                                                                                                 |                 | OURT OF ARIZONA<br>COPA COUNTY                                        |                                |
| Name of                      | Petitioner                                                                                                                                                        | (2)             | Case Number:                                                          | (3)                            |
| name of                      | Petitioner                                                                                                                                                        |                 |                                                                       |                                |
|                              |                                                                                                                                                                   | (2)             | DECLIECT FOI                                                          |                                |
| Name of Respondent           |                                                                                                                                                                   |                 | REQUEST FOR POST-DECREE  MEDIATION                                    |                                |
|                              |                                                                                                                                                                   |                 | IVIED                                                                 | IATION                         |
|                              |                                                                                                                                                                   |                 | spondent regarding issues of leg<br>he issues, based on the following |                                |
| (4)                          | Check one box only.                                                                                                                                               |                 |                                                                       |                                |
| (+)                          | ☐ We are divorced or legally separated from each other. <b>OR</b>                                                                                                 |                 |                                                                       |                                |
|                              | An Order of Paternity has been entered by the court. OR  OTHER (Describe):                                                                                        |                 |                                                                       |                                |
|                              | r Decree or Parenting a copy of the Decree or                                                                                                                     |                 | o participate in mediation befor                                      | e filing papers with the Court |
| (5)                          | Describe the disagreement. Be brief and specific. (The disagreement must involve legal decision material (custody) and/or parenting time of your minor children): |                 |                                                                       |                                |
|                              |                                                                                                                                                                   |                 |                                                                       |                                |
| (6)                          | Check one box only.  We have not participated in mediation OR  We have participated in mediation in the past.  When:  Where:  Where:                              |                 |                                                                       |                                |
| (7)                          | Information about the other party: Name:                                                                                                                          |                 |                                                                       |                                |
|                              | Address:                                                                                                                                                          |                 |                                                                       |                                |
|                              | City, State, Zip:<br>Telephone #'s:                                                                                                                               |                 |                                                                       |                                |
|                              | Attorney (if known):                                                                                                                                              |                 |                                                                       |                                |
| Date:                        | •                                                                                                                                                                 | (8)             |                                                                       | /0\                            |
| Date.                        |                                                                                                                                                                   | _(0)            | Signature of Person Submitting Reques                                 | <b>(8)</b>                     |
|                              |                                                                                                                                                                   |                 | -                                                                     |                                |
|                              |                                                                                                                                                                   |                 | Signature of Attorney (if applicable)                                 |                                |
|                              |                                                                                                                                                                   |                 | orginature of Attorney (if applicable)                                |                                |
| @C                           | unariar Court of Arizona in N                                                                                                                                     | Mariaana Caunty |                                                                       | DD 4 DM04f 040040              |